



Policy Wordings

Definition:

Insured Means:

The person whose name is in the insurance policy issued within the validity period of this Agreement and notified to the Company as the acquirer of the enclosed Medical and Travel Assistance Package before his/her travel

Immediate Family Member Shall Mean:

Spouse, parents and dependent children (up to 18 years)

Geographical coverage:

Outside country of residence (Pakistan)

Period of cover:

As per purchased insurance programme up to a maximum of (62 or 92 consecutive days) abroad

Maximum Insured Age:

85 years

Usual Country of Residence Means:

The country where the Policy was issued by the Company

Usual Place of Residence Means:

The home or residence of an Insured in the Usual Country of Residence (Pakistan)

Illness:

Any change in health diagnosed and confirmed by a legally recognised doctor during the life of the policy and which is not comprised in either of the two groups below:

- **Congenital disease:** that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- **Pre-existing disease/ medical condition:** that the Insured suffered prior to the date of taking out the insurance.

“Pre-existing disease/ medical condition” means:

1. An ongoing injury, medical or dental condition of which the Insured is aware, or related complication the Insured has, or the symptoms of which the Insured is aware;
2. A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
3. Any condition for which the Insured takes prescribed medicine;
4. Any condition for which the Insured has had surgery;
5. Any condition for which the Insured see a medical specialist;

This definition of pre-existing medical condition applies to the Insured, his travelling companion(s), dependant(s) or any other person.

Serious illness:

A change in health that requires admission to hospital and which, in the opinion of the Company's medical team, which involves risk of death

Injury:

A medical problem caused by a sudden and severe external reason beyond the control of the Insured, within the validity period of this policy

Serious injury:

An injury, which in the opinion of the Company's medical team, which involves risk of death

Cover:

Consequent upon an unforeseen event happening during the course of a journey outside the Usual Country of Residence, the Company will provide the Insured with the immediate material assistance as specified under the benefits set out in this Policy, provided that the event does not occur outside the Geographical Limits

Cover trip:

A covered trip shall mean a trip undertaken by the Insured outside his usual country of residence. The Covered Trip commences when the Insured starts the direct journey from home to the exit point of his usual country of residence and ceases when the Insured first returns home. The maximum duration of anyone Covered Trip must not exceed 62 days or 92 days

Coronavirus disease:

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment

Benefits:**1) Medical expenses and Hospitalization abroad**

In the event of illness or injury of the insured occurring outside the Usual Country of Residence, The Company will meet the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor. Coverage about the coronavirus (Covid – 19) disease, coverage is only provided for insured's traveling to countries where Covid-19 coverage is mandatory whereas, Negative Health Certificate within 72 hours prior to the flight. No Coverage provided if the insured is infected with Covid-19 in Pakistan. The Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors attending to the Insured to supervise the provision of proper health care. This cover is subject to a limit of (According to selected schedule) per Insured per year, and in the aggregate with a deductible of (According to the selected schedule) each and every claim. Any miscellaneous service required by the Insured not covered through this policy shall remain at his own charge.

2) Loss of credit card

If during a trip abroad, the Insured were deprived of cash due to loss of credit card, the Company will advance funds on behalf of an Insured up to USD 1,000.

The Insured will be required to repay any sum advanced in within 45 days. The Assistance Company will require valid counter guarantee or deposit prior to any fund advance related to such fund advance.

3) Emergency Dental Care

If necessary, the Company will provide the Insured party with the dental assistance required abroad.

This cover is subject to a limit of (According to the selected schedule) per Insured per year, and in the aggregate with a deductible of (According to the selected schedule) each and every claim. This coverage is restricted to the treatment of pain, infection and removal of the tooth affected.

4) Compensation for in-flight loss of baggage checked-in

The Company will supplement the compensation for which the carrier is liable up to a limit of (According to the selected schedule), as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the Settlement of the compensation payment by the carrier. Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organizations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company, with a minimum of 21 days.

Money, jewellery, debit and credit cards, and any type of document are excluded from this guarantee.

The guarantees relating to baggage and personal possessions that belong to the Insured are those listed in this article, and will be provided according to the conditions set out below.

In all cases, the original certificate of the carrier or complaint, reporting the occurrence of the loss/accident must be furnished.

EXCLUSIONS APPLICABLE TO LOSS OF BAGGAGE CHECKED-IN:

The Company shall not be liable for:

1. Breakage of glass or china unless caused by an accident to the conveyance in which the Insured is travelling;
2. Loss or damage caused by moth, vermin, electrical or mechanical breakdown, machinery breakdown, gradual deterioration or wear and tear (this does not apply to the loss of or damage to any item resulting from wear and tear to a clasp, setting or other fastening. carrier or container);
3. Loss of cash, bank or currency notes, checks, postal orders, credit cards, charge cards, travel cards, bankers cards, travellers checks, travel tickets, passports, driving licences, green cards and petrol or other coupons;
4. Claims resulting from confiscation, requisition, detention, destruction or damage by customs authorities or other such officials;
5. Losses which are not reported to the Police or appropriate authorities within 24 hours of discovery or as soon as is reasonably practicable, and a Police or Property Irregularity report obtained;
6. Breakage of sports equipment whilst in use or loss of or damage to pedal cycles or hired equipment;
7. Loss of or damage to contact, corneal or micro-corneal lenses.

5) Delayed Departure:

In the event that transport services on which the Insured has previously booked to travel are delayed by at least 8 hours due strike or industrial action, adverse weather conditions, mechanical breakdown, derangement, or structural defect of the carrier the Insured were scheduled to travel aboard. The Company will indemnify the Insured as follows:

In respect of the outward journey at commencement of the Covered Trip:

- The cost of the additional expenses (transport and hotel accommodation, as well as maintenance incurred as a result of the delay.
- Such payment will be made on presentation of the relevant original invoices up to USD 500 in the event of delay of more than 8 hours.

CONDITIONS AND LIMITATIONS FOR DELAYED DEPARTURE:

1. The Insured must obtain written confirmation from the carriers or their agents of the actual date and time of departure and the reasons for delay before a claim is considered under this Section of the Policy.
2. Claims under this Section shall be calculated from the actual time of departure of the conveyance on which the Insured was booked to travel, as specified in the booking confirmation.

6) Trip Cancellation:

The Company shall indemnify the Insured in respect of all irrecoverable deposits, advance payments and other charges paid due to be paid for travel and/ or accommodation up to a maximum of USD 500 the event of the Insured's covered trip being necessarily cancelled or curtailed due to:

- i. the death, accidental bodily injury or illness of the Insured or the death, accidental bodily injury or illness of the Insured's immediate relative;
- ii. the death, accidental bodily injury or illness of any person with whom the Insured had arranged to travel, reside or conduct business, or of the immediate relative;
- iii. the Insured or any person with whom the Insured had arranged to travel, reside or conduct business being:
 - a) quarantined or called for witness or jury service;
 - b) made redundant provided that such redundancy qualifies for payment under the applicable Usual country of residence legislation;
 - c) called for emergency duty as a member of the armed forces, the defence of civil administration, the police force or the fire, rescue, public utility or medical services;
 - d) required to be present at his home or place of business in the Usual country of residence following burglary or major damage;
- iv. the cancellation of scheduled or chartered transport services (including connecting publicly licensed transportation) caused by accident, strike, industrial action, hijack, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche,

adverse weather conditions or mechanical breakdown, provided that the event giving rise to such cancellation occurs, or is only announced, after the Covered Trip is booked or this Insurance is effected, whichever the later;

Major damage rendering uninhabitable the accommodation in which the Insured had previously booked to reside during a Covered Trip.

The Insured shall furnish the evidence, documents or certificates of the event, which caused the journey to be cancelled.

Exclusions Applicable:

The Company shall not be liable for claims resulting from:

- a) Childbirth, pregnancy or any medical complications resulting there from within 2 months of the estimated date of delivery;
- b) any condition or set of circumstances known to an Insured at the time the Trip was booked or this Insurance was effected whichever is the latter, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the Insured's Covered Trip;
- c) lack or reasonable care taken over means of travel, route or departure time.

7) Travel and Stay over of one immediate family member:

Should the Insured be hospitalized for more than seven days, the Company will meet the following costs in respect of an immediate family member or a person appointed by the insured and having the same country of residence as the member, considering the Insured was travelling alone:

- Economy air transport ticket or 1st Class rail ticket to the place of hospitalization.
- Accommodation expenses there, up to a limit of USD 100 per day for a maximum of 10 days.

8) Loss of Passport:

In case of loss of the Insured's passport, while abroad, the Company will take charge of the expenses of the replacements necessary for obtaining a new passport or equivalent consular document.

The maximum limit of the expenses for this benefit will be USD 300.

9) Connection services:

Whilst travelling abroad, the Insured will be entitled to contact the Assistance Company in order to obtain miscellaneous services in the country where he is located and in particular rental car referral and reservation and legal and administrative information and referral.

Any miscellaneous service required by the insured not covered through this policy shall remain at his own charge.

10) Delivery of Medication:

The Company will arrange to send medicines to the insured, which are prescribed, as urgent by a doctor and which are not available in the place to which the Insured has travelled.

11) Emergency return home following death of a close family member:

When an Insured's trip/journey is interrupted by the death of a close relative (spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law, brothers and sisters in law), the Company will meet the cost of travel to the usual country of residence, whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip. However, the Insured shall be required to furnish the evidence, documents or certificates of the event, interrupting the journey (death certificate).

This cover is subject to a limit provided by the referred plan.

12) Long distance Medical Information Service:

The medical information will be provided to the Insured by Company's doctor upon request from the insured. The service is not to be considered in any case as a diagnosis but it is a connection service.

13) Medical referral/appointment of local medical specialist:

Through the Assistance Company call centre, the insured will be given access and referred to any agreed medical centre or medical practitioner of the Assistance international network.

14) Relay of Urgent Messages:

At the Insured's request, the Company will arrange to convey urgent or justified messages relating to urgent matters.

15) Repatriation of family member travelling with the insured:

Should the Insured be hospitalized due to sudden illness or accident for more than ten days or deceased, the Company will meet the cost of repatriating one immediate family member accompanying the Insured at the moment of the event, to his usual place of residence, when the latter is placed in the same country of residence of the Insured, and provided this immediate family member is unable to travel by his/her own means of transport or the means of transport used for the initial trip. This cover is subject to a limit provided by the referred plan.

16) Repatriation of mortal remain:

In the event of the death of the Insured, the Company will make the arrangements necessary for the repatriation of his/her mortal remains, and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence. This cover is subject to a limit provided by the referred plan. Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

17) Escort of dependent children:

In the event of dependent children aged less than 17 years old being left unattended further to an insured accident or illness, the Assistance Company will arrange and pay for one way airplane economy transportation or 1st Class Rail ticket for them to their place of residence. Qualified attendant will be provided without charge, if required.

18) Transport or Repatriation in case of illness or Accident:

In the event of an accident or sudden illness, the Company will take charge the costs of transferring or repatriating the Insured to a properly equipped health centre or to his/her usual country of residence.

The Company, through its medical team, will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical centre and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer or repatriate the Insured, and on the most suitable means of transport to use.

For minor or less serious illnesses or accidents, which in the opinion of the medical team do not require repatriation, transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

The Insured will not be transported from one hospital to the other without getting the attending doctor to approve the medical report. This assistance is not a first-aid, it is secondary assistance

19) Location and forwarding of baggage and personal effects:

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them. In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence. In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

20) Permanent total Disability due to Accident (Common Carrier):

1) This shall be deemed to consist of the permanent anatomic loss or lack of functionality or limbs or organs as a result of an accident. The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the following Injury Table:

This cover is subject to the limit provided by the referred plan.

Injury Table	Percentage of Indemnity %
<ul style="list-style-type: none"> • Complete mental derangement 	100
<ul style="list-style-type: none"> • Maximum expression of epilepsy 	60
<ul style="list-style-type: none"> • Total blindness 	100
<ul style="list-style-type: none"> • Loss of one eye or the sight thereof, where the other had previously been lost 	70

- Loss of one eye, while conserving the other, or reduction of binocular vision 50%
- Operated bilateral traumatic cataract 20
- Operated unilateral traumatic cataract 10
- Total deafness 50
- Total deafness in one ear, having previously lost hearing in the other 30
- Total deafness in one ear 15
- Total loss of sense of smell or taste 5
- Total mutism with impossibility of emitting coherent sounds 70
- Ablation of the lower jaw 30
- Grave disorders in the articulations of both jawbones 15

Spine

- Paraplegia 100
- Quadriplegia 100
- Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of 20
- Barré-Lieou syndrome 10

Thorax and Abdomen

- Loss of a lung or a reduction to 50 per cent of lung capacity 20
- Nephrectomy 10
- Enterostomy 20
- Splenectomy 5

Upper Limbs

• Amputation of an arm from the articulation of the humerus	100
• Amputation of an arm at the level of, or above, the elbow	65
• Amputation of an arm below the elbow	60
• Amputation of a hand at the level of, or below, the wrist	55
• Amputation of four fingers of a hand	50
• Amputation of a thumb	20
• Total amputation of an index finger or two joints thereof	15
• Total amputation of any other finger or two joints thereof	5
• Total loss of movement of a shoulder	25
• Total loss of movement of an elbow	20
• Total paralysis of the radial, cubital or median nerve	25
• Total loss of movement of a wrist	20

Pelvis and Lower Limbs

• Total loss of movement of a hip	20
• Amputation of a leg above the knee	60
• Amputation of a leg, while conserving the knee	55
• Amputation of a foot	50
• Partial amputation of a foot, while conserving the heel	20
• Amputation of a big toe	10
• Amputation of any other toe	5
• Shortening of a leg by 5 cm or more	10
• Total paralysis of the external popliteal sciatic nerve	15

- Total loss of movement of a knee 20
- Total loss of movement of an ankle 1
- Serious walking difficulties subsequent to the fracture of one of the heel Bones 10

- 2) Applying the table of injuries shall be governed by the following principles:
- a. When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent, except in case of a hand amputation related to a foot amputation
 - b. In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account
 - c. The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent
 - d. The total lack of functionality of some limb or organ shall be considered as total loss thereof
 - e. The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof
 - f. Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein
 - g. Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ
 - h. In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing Disability and that present after the accident.
- 3) For the purposes of the definitive indemnity, the degree of disability shall be determined by the Company whenever the Insured's physical condition is medically recognised as being definitive and the corresponding medical certificate of incapacity is provided. Where twelve months pass from the date of the accident, without the above being established, the Insured may request from the Company a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.
- 4) Should the Insured not accept the Company's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:
- a. Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he shall be obligated to do so within eight days of the date on which the party who had done so requires him to comply; should the former still not name anyone within this period, it shall be taken that he accepts the report issued by the other party's appraiser and he shall be duly bound by it.

- b. Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of indemnity proposed.
- c. Where no agreement between the medical experts is forthcoming, both parties shall agree on the designation of a third appraiser. Should this agreed designation not prove possible, this shall be incumbent on the competent Judge corresponding to the Insured's address, under the Insured's country Law of Civil Procedure.

Specific Exclusions for Personal Accident:

- 1.1 In addition to the General Exclusions to all the guarantees of this policy described at the end of these General Conditions, the Company does not cover the consequences originated or produced by the following:
 - a) Bad faith on the part of the Insured or those intentionally caused by the same, except where the damage was sustained in order to avoid something worse.
 - b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances as well as damage caused during the course of strikes.
 - c) Events or actions of the Armed Forces or Security Forces in peacetime.
 - d) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.
 - e) Fall of sideral bodies and meteorites.
 - f) Those derived from radioactive nuclear energy.
 - g) Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defence or necessity.
 - h) Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
 - i) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0.50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
 - j) Intoxication or poisoning from the consumption of foodstuff.
 - k) Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
 - l) Accident as a result of any kind of loss of consciousness, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms.
- 1.2 The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

- 1.3 Unless expressly included in a specific Plan and subject to payment of the relevant surcharge Premium, the consequences of the following are excluded from the guarantee object of this contract:
- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
 - b) Participation in competitions or tournaments organised by sporting federations or similar organisations.
 - c) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters.
 - d) Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

21) Emergency Medical Evacuation

In the event of an accident or sudden illness, that is not pre-existing and which is acute, the Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual country of residence.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in. Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by the Assistance Company.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

This cover is subject to the limit provided by the referred plan.

22) 24 Hour Personal Accident Insurance:

- 1) In case of an accident resulting into any or all of the following
 - (a) Accidental Death
 - (b) Permanent Disablement

the Company shall pay to the Insured or Insured's Beneficiary the sum insured by this Policy as per the selected plan provided always that the accident resulting into any or all of the above occurs during the Period of Insurance and while the Insured is traveling abroad or staying in the country(s) outside the Usual Country of Residence.

This cover is subject to the limit provided by the referred plan.

For the purpose of this coverage Accident means an injury resulting from forcible and violent means leading to a death or permanent disablement of the Insured.

(a) Accidental Death:

- (1) Where an accident should lead to the death of the Insured, the Company shall pay to the Beneficiary of the Insured, whose complete details are specified by the Insured in the Application Form, the sum determined for this eventuality as per the selected plan.
- (2) If, prior to the accidental death, the Company has paid an indemnity for Disability, as a result of the same accident and this had occurred in less than one year, the Company shall indemnify the difference between the amount paid and the sum insured in the event of accidental death provided always that all the claims paid during the Period of Insurance shall not exceed the sum insured by this Policy.
- (3) In case of an accident leading to the death of the Insured and if there exist several beneficiaries, whose complete details are specified by the Insured in the Application Form, the Company shall in such case divide the sum insured equally among all the beneficiaries unless otherwise agreed.
- (4) In order to obtain payment of the sum insured, the Beneficiaries should furnish the following documents to the Company:
 - Insured's Birth certificate and literal Death certificate.
 - Those documents that prove the Beneficiaries' identity including the declaration of heirs decreed by the competent court.
 - Where the beneficiaries are duly designated in a will, a certification from the General Registry of Last Wills and Testaments or documents issued by local equivalent Authority, together with a first copy thereof, will also be required.
 - Letter of payment or declaration of exemption from Inheritance Tax, duly issued by the corresponding Tax Delegation or local equivalent Authority.

(b) Permanent Disablement:

- i. This shall be deemed to consist of the permanent anatomic loss or lack of functionality or limbs or organs as a result of an accident. The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the following Injury Table:

Injury Table	Percentage of Indemnity %
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Head and nervous system

- | | |
|--|-----|
| • Complete mental derangement | 100 |
| • Maximum expression of epilepsy | 60 |
| • Total blindness | 100 |
| • Loss of one eye or the sight thereof, where the other had previously been lost | 70 |
| • Loss of one eye, while conserving the other, or reduction of binocular vision to 50% | 25 |
| • Operated bilateral traumatic cataract | 20 |
| • Operated unilateral traumatic cataract | 10 |
| • Total deafness | 50 |
| • Total deafness in one ear, having previously lost hearing in the other | 30 |
| • Total deafness in one ear | 15 |
| • Total loss of sense of smell or taste | 5 |
| • Total mutism with impossibility of emitting coherent sounds | 70 |
| • Ablation of the lower jaw | 30 |
| • Grave disorders in the articulations of both jawbones | 15 |

Spine

- | | |
|---|-----|
| • Paraplegia | 100 |
| • Quadriplegia | 100 |
| • Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of | 20 |
| • Barré-Lieou syndrome | 10 |

Thorax and Abdomen:

- Loss of a lung or a reduction to 50 per cent of lung capacity 20
- Nephrectomy 10
- Enterostomy 20
- Splenectomy 5

Upper Limbs:

- Amputation of an arm from the articulation of the humerus 100
- Amputation of an arm at the level of, or above, the elbow 65
- Amputation of an arm below the elbow 60
- Amputation of a hand at the level of, or below, the wrist 55
- Amputation of four fingers of a hand 50
- Amputation of a thumb 20
- Total amputation of an index finger or two joints thereof 15
- Total amputation of any other finger or two joints thereof 5
- Total loss of movement of a shoulder 25
- Total loss of movement of an elbow 20
- Total paralysis of the radial, cubital or median nerve 25
- Total loss of movement of a wrist 20

Pelvis and Lower Limbs:

- Total loss of movement of a hip 20
- Amputation of a leg above the knee 60
- Amputation of a leg, while conserving the knee 55
- Amputation of a foot 50
- Partial amputation of a foot, while conserving the heel 20

• Amputation of a big toe	10
• Amputation of any other toe	5
• Shortening of a leg by 5 cm or more	10
• Total paralysis of the external popliteal sciatic nerve	15
• Total loss of movement of a knee	20
• Total loss of movement of an ankle	15
• Serious walking difficulties subsequent to the fracture of one of the heel Bones	10

ii. Applying the table of injuries shall be governed by the following principles:

- a) When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the compensation percentages for the same shall be reduced by 15 per cent, except in case of a hand amputation related to a foot amputation.
- b) In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
- c) The accumulation of all the Disability percentages arising from the same accident shall not give rise to a compensation of over 100 per cent.
- d) The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e) The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of compensation established for the total loss thereof.
- f) Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- g) Partial limitations and anatomic losses shall be compensated proportionally, with respect to the total loss of the affected limb or organ.
- h) In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the compensation shall be the difference between the pre-existing Disability and that present after the accident.

iii. For the purposes of the definitive compensation, the degree of disability shall be determined by the Company whenever the Insured's physical condition is medically recognized as being definitive and the corresponding medical certificate of incapacity is provided. Where twelve months pass from the date of the accident, without the above being established, the Insured may request from the Company a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.

- 6) Should the Insured not accept the Company's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:
- a. Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he/ she shall be obligated to do so within eight days of the date on which the party who had done so requires him to comply; should the former still not name anyone within this period, it shall be taken that he/she accepts the report issued by the other party's appraiser and he/ she shall be duly bound by it
 - b. Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of compensation proposed
 - c. Where no agreement between the medical experts is forthcoming, both parties shall agree on the designation of a third appraiser. Should this agreed designation not prove possible, this shall be incumbent on the competent Judge corresponding to the Insured's address, under the Insured's country Law of Civil Procedure

Exclusions applicable to 24 hours Personal Accident

In addition to the General Exclusions applicable to all the covers of this Policy this Policy does not cover the consequences originated or produced by the following:

- a) Bad faith on the part of the Insured or those intentionally caused by the Insured, except where the accident was sustained in order to avoid something worse.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances. As well as accidents caused during the course of strikes.
- c) Events or actions of the Armed Forces or Security Forces in peacetime.
- d) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, a typical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.
- e) Fall of sidereal bodies and meteorites.
- f) Those derived from radioactive nuclear energy.
- g) Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defence or necessity.
- h) Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
- i) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0,50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
- j) Intoxication or poisoning from the consumption of foodstuff.

- k) Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
- l) Illnesses of any kind including insanity, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness unless the loss of consciousness is accidental.

The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

Unless expressly included in a specific plan and subject to payment of additional premium, the consequences of the following are excluded from this Policy:

- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous. Participation in competitions or tournaments organised by sporting federations or similar organisations.
- b) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters.
- c) Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.
- d) Any kind of work related injuries.

23) Advanced of Fund:

The Company will advance funds for any legal bond required on behalf of an Insured. The Insured will be required to repay such sum as may have been advanced within 45 days. The Assistance Company will require valid credit authorization prior to any such fund advance.

This cover is subject to the limit provided by the referred plan

24) Tuition Fees:

This is an optional cover and is valid only if the appropriate premium as indicated in the Policy for the said cover is paid or the Policy is endorsed thereon by this optional cover.

In the event of a sudden death of the Guardian, whose details are indicated in the Application Form, the Assistance Service Provider will compensate the Insured up to an amount as stated in the Policy and according to the plan selected provided always that the sudden death of the Guardian shall affect the studies of the Insured. Such event must be reported to the Assistance Service Provider as soon as reasonably possible and following documents should be furnished in order to claim the compensation:

- a) Death Certificate of the Guardian
- b) Relevant Proofs evidencing that the Insured's studies were dependent on the Guardian
- c) Documents proving Guardian's identity
- d) Legal heirship certificate from the competent court which should decree the Insured a legal beneficiary of the compensation claimed in case of the death of the Guardian.

LIABILITY CONDITIONS:

- 1) In the event of any claim the liability of the Company shall be conditional on the Insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
- 2) In the event of a claim under this Policy the Insured shall;
 - a) Take all reasonable precautions to minimize the loss.
 - b) As soon as possible telephone the Company to notify the claim stating the Benefits required at the following.
 - c) Freely provide the Company with all relevant information.
 - d) Make no admission of liability or offer promise or payment of any kind.
- 3) The Company is not liable in respect of any Benefit which would otherwise be payable under this Policy should there be another insurance in force covering the same benefits which predates this Policy, except for coverage for baggage.
- 4) The Company will not reimburse or consider reimbursing any expenses which not previously approved. Previously approved expenses will have to include the claim number obtained from the Company prior to send the official receipts, and letter explaining the reason and circumstances of why the Services for which expenses are claimed were not obtained from the Company directly.

GENERAL EXCLUSIONS:

1. On a general basis for all the guarantees and coverage, the consequences of the following are excluded from the guarantee object of this Agreement:
 - a) Those caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either
 - b) Age Limit: 65 years of age For corona (Covid – 19 coverage
 - c) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon
 - d) Events arising from terrorism, mutiny or crowd disturbances
 - e) Events or actions of the Armed Forces or Security Forces in peacetime
 - f) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress

- g) Those derived from radioactive nuclear energy
 - h) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity
 - i) Illness or injuries existing prior to the claim, unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium
 - j) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests
 - k) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting outside European territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
 - l) Participation in competitions or tournaments organized by sporting federations or similar organizations
 - m) Skiing and/or similar sports, unless coverage for it has been expressly agreed
 - n) The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters
 - o) The accidents deemed legally to be work or labour accidents, consequence of a risk inherent to the work performed by the Insured
3. In addition to the previous exclusions, the following benefits are not covered by this insurance:
- a) The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of the Company, except in the case of urgent necessity. In that event, the Insured must furnish the Company with the vouchers and original copies of the invoices.
 - b) Your claim arises directly or indirectly from any journey for the purposes of obtaining any form of treatment overseas or any elective treatment that you choose to undertake.
 - b) Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy.
 - c) Death as a result of suicide and the injuries or after-effects brought about by attempted suicide.
 - d) Those derived from illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance.
 - e) Those derived from renunciation of or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical service.
 - f) Rehabilitation treatments.
 - g) Prostheses, orthopaedic material or orthosis and osteosynthesis material, as well as spectacles.

- h) Those derived from pregnancy and childbirth, or for a complication therefore or voluntary termination of pregnancy.
- i) Those derived from baggage that is not sufficiently well packaged or identified, as well as fragile baggage or perishable products.
- j) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - 1) Before this insurance comes into force.
 - 2) With the intention of receiving medical treatment.
 - 3) After the diagnosis of a terminal illness.
 - 4) Without prior medical authorization, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip.
- k) Expenses that arise once the Insured is at his/her usual country of residence, those incurred beyond the scope of application of the guarantees of the insurance.
- 4. The Company is exempt of liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

INTERNATIONAL MEDICAL ASSISTANCE:

SERVICE BENEFITS:

1. Round-the-Clock Telephone Access & Medical Advice

Trained personnel including a panel of AA doctors on duty for immediate assistance and advice.

2. Medical Referral Service

Access to a global network of AA appointed and credentialed doctors, specialists or hospitals

3. Arrangements for Appointments with Doctors

Member may contact the hotline to arrange for appointments with doctors at clinics or hospitals

4. Emergency Medical Evacuation

If member has a serious medical condition and adequate medical facilities are not available locally, AA will organize a medically supervised emergency evacuation to the nearest facility capable of providing the required care. The choice of transportation depends on the nature of the medical problem, the degree of urgency, as well as practical conditions such as access to airport, weather conditions and the distance to be covered. After thorough medical evaluation between AA's duty physicians/doctors, specialist with Member's treating doctor will decide whether the member's condition is sufficient to warrant an Emergency Medical Evacuation

5. Medically Supervised Repatriation

In the event that a member is hospitalized in a medical facility that is adequate for treatment, AA will monitor the member's condition, should the member requires a medically supervised repatriation to return home and be admitted to a hospital at member's home country, AA will organize for such

medically supervised repatriation. Mode of transportation and type of medical escort team shall be determined by AA's doctor basing on the member's medical condition

6. Hospital Admission Guarantee

In the event of a medical emergency admission to a hospital and the Member have no means for the required hospital admission AA can make arrangement for issuance and payment of hospital letter of guarantee

7. Medical Monitoring

AA will monitor the medical conditions of a Member hospitalized and update Income and family members of the progress of the Member.

8. Compassionate Visit

As a result of Member's hospitalization outside country of origin for 7 consecutive days, AA will organize for a return economy class air ticket for the Member's family to visit the Member.

9. Return of dependent children

Should Member's dependent children are left unattended due to Member's hospitalization abroad, AA will organize one way ticket(s) to organize for Member's dependent children (below 18 years) to be sent back to their place of residence. If escort is required, AA will also make such arrangement.

10. Repatriation of Mortal Remains

In the event of death, AA will arrange and pay for repatriation of member's mortal remains to his/her Country of Residence.

11. Emergency Travel Service Assistance

AA will assist the member in making reservations for air ticket or hotel accommodation on an emergency basis when traveling oversea. The provision of financial guarantee by AA is subject to AA first securing payment from member through his/her credit card or funds from his/her family

12. Dispatch of essential medication not available locally

When necessary, AA will dispatch essential medicine that is not available locally when local rules and regulation allows such dispatch. AA shall organize for the cost of dispatching and Member shall bear all cost of medicine.

13. Travel Related Services

AA will provide the following travel-related information:-

- i. Visa and inoculation requirements for foreign countries
- ii. Weather and temperatures for foreign countries
- iii. Exchange rates currencies for foreign countries
- iv. Address, telephone number and opening hours of the nearest appropriate consulate and embassy
Lost luggage assistance while the member is traveling outside his/her Home Country or Usual Country of Residence



- v. Lost passport assistance while the member is traveling outside his/her Home Country or Usual Country of Residence
- vi. Legal referral
- vii. Interpreter Assistance
- viii. Bail Bond Assistance